



Panther Hollow Dental Lodge, PL

Comprehensive General Dentistry

Joseph C. Bender, D.M.D.

Robert G. Coseo, D.D.S.

Melissa M. Duston, D.D.S.

Timothy L. Palmer, D.D.S.

Ashley N. Reynolds, D.M.D.

Date: _____

Authorization for Release of Dental Records, including all x-rays,
and necessary information regarding:

I authorize _____ to release
my above records to:

Panther Hollow Dental Lodge
19240 Quesada Ave.
Port Charlotte, FL 33948
(941)-743-7435
staffpantherhollow@yahoo.com

Authorized Signature: _____

19240 Quesada Avenue
Port Charlotte, FL 33948

(941) 743-7435
Fax (941) 743-7429

www.PantherHollowDental.com